

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

CU/V67327

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/		1		
3		/		1		
4		/		1		
5		/		1		
6		(1)	1	1		
7		/		①		
8		/		1		
9		/		1		
10		/		1		
11		/		1		
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TOTAL IND.	1	↓	2	↓		↓
TOTAL DEP.	15	↓	14	↓		↓
TOTAL CLAIMS	16		16			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS